## CHAPERONE FACT SHEET

| YOU ARE RESPONSIBILE FOR INSURING THAT THE ACTIVITIES DESCRIBED BELOW OCCUR: |   |
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| chaper   | refully read your Order to determine the specific situations during which you will need a one present. Re-read your Order regularly to ensure that, over time, you continue to a appropriately.   |
| follow<br>chaper<br>Board-<br>-  | aware that <u>each</u> potential chaperone must be approved by the Board. In general, the ing guidelines for your first steps in chaperone selection will help ensure each potential one is qualified for submission to the Board for review. Each will have a better chance of approval if she or he:  Does not have a patient, personal, social, intimate or familial relationship with you, either in the past or presently  Is 18 years of age or older  Acknowledges in writing that she or he must always countersign patient records to verify her or his presence during the exam or treatment as specifically described in your Order  Understands that it is her or his obligation as chaperone to submit written reports regularly to your compliance case manager concerning your behavior, and to immediately report any concerns regarding your conduct to the Compliance Unit  As a current Virginia-licensed health professional should have no prior or ongoing investigation or disciplinary action taken against her or him by any health regulatory board or agency, law enforcement agency, insurance provider, or medical facility. |
| _<br>  | You must give each potential chaperone a copy of your complete Order or Consent Order and each must be able to confirm understanding of this document.  Each chaperone must contact your compliance case manager for an interview  The information obtained in the interview process will be submitted to the Board for review along with any documentation received from you and the chaperone.  |
| _  | Each chaperone will receive a notification letter from the compliance unit regarding the Board's decision.  Each chaperone approved will be sent a brochure on boundary violations, which they must confirm to the compliance case manager that they have read and understand.  Each chaperone will be responsible for submitting regularly scheduled written reports (on a report form to be provided by the Compliance Unit) on the time schedule designated in your Order. Each chaperone must submit a regular report even if they do not work during the designated reporting period (for example: PRN staff).   |
| _<br>_   | It is recommended that you develop a chaperone protocol, which would outline the specific responsibilities of the chaperones at your practice, according to your Order.  BY MY SIGNATURE, I CERTIFY I UNDERSTAND THE ABOVE INFORMATION.   |
| SIGNATURE:   |   |
| LICENSE #: DATE  |   |
|  | DH-P 2/15/2006  |